R E P O R T R E S U M E S

ED 018 806 CG 001 069

BEHAVIOR CHANGE IN TRANSITIONAL ROLES. WORKING PAPER.

BY- KOLB, DAVID A.
MASSACHUSETTS INST. OF TECH., CAMBRIDGE

REPORT NUMBER 285-67 PUB DATE 67
EDRS PRICE MF-$0.25 HC-$1.52 36P.

DESCRIPTORS- *BEHAVIOR CHANGE, *PSYCHOLOGICAL CHARACTERISTICS, *ROLE THEORY, SOCIAL STATUS,

THE PROCESS OF SUCCESSFUL BEHAVIOR CHANGE IS AFFECTED BY A NUMBER OF SOCIAL AND PSYCHOLOGICAL CHARACTERISTICS OF THE TRANSITIONAL ROLE. SUCCESS IS MEASURED BY A CHANGE IN BEHAVIOR THAT IS SELF-SUSTAINING, LEADING TO SUCCESSFUL OCCUPATION OF A TERMINAL STATUS. ALTHOUGH THE INITIATING OF MEDICAL STUDENTS INTO THE MEDICAL PROFESSION IS GIVEN AS AN EXAMPLE, THE CHARACTERISTICS MENTIONED APPLY IN VARYING DEGREES TO ALL BEHAVIOR CHANGES. A TRANSITIONAL CULTURE RELIEVING THE INDIVIDUAL OF CARES AND RESPONSIBILITIES AND ALLOWING FOR EXPERIMENTATION AND PLAY IS REQUIRED. THE INDIVIDUAL IN SUCCESSFUL TRANSITION EXHIBITS A COMMITMENT TO THE NEW STATUS, AN ARTICULATION OF WHAT THE NEW STATUS IS LIKE, AND A RESERVED JUDGMENT OF HIS ABILITY TO ACHIEVE IT. FURTHERMORE, TOTAL INVOLVEMENT AND THE ACQUISITION OF AN INNER SENSE OF PERSONAL RESPONSIBILITY AND SELF-DIRECTION IS NEEDED. THE EXPECTATIONS OF OTHERS HAVE TO BE ALTERED SO THAT THE INDIVIDUAL IS PERCEIVED AS A LEGITIMATE OCCUPANT OF THE TERMINAL STATUS. FINALLY, INTERPERSONAL RELATIONSHIPS IN THE TRANSITIONAL RULE SHOULD BE DEVELOPED WHICH PROVIDE--(1) THE INTIMACY NECESSARY FOR THE SCANNING AND INTEGRATION OF CHANGES INTO THE PERSONALITY, AND (2) THE INFLUENCE NECESSARY FOR THE TRANSMISSION OF THE INFLUENCING INSTITUTION'S CHANGE GOALS. (CG)

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David A. Kolb

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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BEHAVIOR CHANGE IN TRANSITIONAL ROLES

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David A. Kolb

Most methods for changing human behavior are primarily concerned with the alteration of psychological processes within the individual. They customarily give little attention to the social environment in which the attempts to change behavior occur. Yet human behavior is constantly immersed in a social context. Our actions are predicted and controled by our associates and we likewise demand that others fulfill our expectations. It is, in fact, through these stable and mutual patterns of expectation that we are able to function in highly developed and specialized society.

Individual personality change creates a problem for these mutual expectation and interaction patterns. If changes in behavior are to be maintained, the social environment must be altered to integrate the new identity and reestablish that equilibrium which allows others to predict our actions and empathize with our feelings. The social environment influences and is influenced by any change in behavior from the alternation of insignificant habits to the total reorganization of personality. A typist who finally masters the typewriter makes it inappropriate for her boss to vent his frustrations by ordering much-erased letters to be redone. A former drug addict, if his abstinence is to be maintained, must develop a new circle of associates who will lead him to the non-addict world of a steady job and to life with the "squares" he formerly despised.

Changes such as these in the behavior and desires of individuals are potentially disruptive to social interaction, and as a result can create emotionally hazardous situations for both the changing individual and his associates. An ex-addict will undoubtedly be quite uncomfortable in a middle-class suburban neighborhood. Inquiring neighbors who learn of his past will fear for their children, and the "pusher" will fear for the safety of his disquised identity which the new responsible citizen may divulge.

Thus if we are to understand and improve the effectiveness of techniques which attempt to produce behavior change we must in some way begin to conceptualize the social as well as the psychological impact of interventions. The individual who enters psychotherapy is not only being subjected to a particular set of experiences within the therapeautic context; he is also, by the very act of entering therapy, experiencing an alteration of his social role. The new role of patient creates changes in others expectations. Our friend finds that by entering the patient role he has acquired new privileges (odd behaviors may now be excused because he is "sick"), new stigmas (others may not trust his opinions), and new responsibilities (he should begin to show improvement).

Our goal in this essay is to understand the effect of this social role of "person-who-is-changing" on the process of behavior change. To accomplish this goal we will examine not only the patient as he moves from sickness to health but also the other roles that people enter to make the transition from one status to another. There are a great number of these transitional roles in contemporary American society ranging from the universal and much-discussed period of adolescence to the highly specialized position of medical student, although perhaps the two largest categories of these positions are student roles and patient roles. (Patient roles are broadly construed to include medical patients, psychotherapy patients, clients of guidance and marriage counselors, as well as all recipients of help in "helping relationships".) Other more specific transitional roles are the parolee, the apprentice, the engaged couple, the initiate, and the victim of brainwashing.

To the student of behavior change, all of these positions, which we shall call transitional roles, constitutes a natural laboratory -- a set of natural experiments testing the effectiveness of many techniques for bringing about behavior changes and maintaining them in the social environment with a minimum of emotional hazard. By the examination and comparison of these transitional roles, their successes and failures, we may perhaps gain some understanding about how behavior change is effected by the social environment and about the characteristics of transitional roles which lead to successful or unsuccessful transitions.

All transitional roles are similar in that their major function is helping the person who occupies the role to make a transition from one social position to another; whether it be from sickness to health, as in the patient role, or from prison to the outside, as in the role of the parolee, or from childhood to adult as in adolescent rites of passage. To perform this function adequately, the transitional role must accomplish two important tasks. First, the individual must acquire the necessary knowledge, skills, and values to occupt the status to which he aspires. It is important to note that in most cases this involves more than acquiring the physical ability to perform each distinct behavior required of an occupant of the terminal status. Compliant imitation or rote learning without personal application are, we maintain superficial and relatively meaningless changes. Changes in behavior that are maintained must be organized into a <u>personally meaningful</u> and self-directed pattern of living. It is the peculiar characteristic of transitional roles that they are successful, for the individual and for the society, only if the occupant leaves them to acquire a new status. And the occupant cannot leave unless he has developed, independently, some principles

for dealing with the ongoing experience of his new status. Similarily, the successful psychotherapy patient must not be dependent upon the therapist for advice, but must be helped to develop his own principles and methods for interpreting and creating experience.

Secondly, the people with whom the transitional role occupant will associate in his terminal status must be prepared to accept him as the legitimate occupant of his new position. If other people's expectations are not modified to accept and integrate the individual into his new status, effective role performance becomes difficult. Young doctors often have difficulty with patients who are mistrusting because they doubt the doctor's experience (Becker et al., 1961). Marriage counselors have found how difficult it is to bring about change in one marriage partner when his spouse has a strong investment in maintaining old expectations about the relationship (Haley, 1963; Hurritz, 1967). An empirical example of the influence of social environment can be found in Kolb's (1965) study of the effectiveness of achievement motivation training on the grades of underachieving high school boys. In this study upper class boys were able to increase their grades quite markedly after training, while lower class boys were apparently unable to break those old expectations which continued to determine study habits and teacher evaluations. Furthermore, Kahl (1962) has shown that academic success is not determined by social class alone but by the expectations that a boy's social relationships, expecially his parents, hold about him. In his study of intelligent lower middle and working class boys he found "the evidence showed that if the parents were pushing toward college, in eight out of nine cases the boy responded appropriately, but if the parents were indifferent about college, in eleven out of fifteen cases the boy was uninterested. (p. 288).

To understand transitional roles it is important to realize that transition involves not only the acquisition of a future status but also the phasing out and/or integration of a former status. The acquisition of a new status must be accompanied by the integration of old habits, attitudes and desires with the new style of life -- giving that sense of continuity and meaning which we call a "sense of identity" (Erikson, 1961). Failure to accomplish either the integration of the past or the articulation of the future can only lead to difficulties in transition. Different transitional roles have emphasized different aspects of this dimension. Psychotherapy has been primarily concerned with the acceptance and understanding of the past and has often been criticized for its failure to articulate the goals of health and normality. Many student roles, on the other hand, have been more concerned with preparation for future performance than with helping the individual to make sense of his past experience and his present abilities, desires and fears. The recent rapid growth of the school guidance movement marks the educator's growing awareness of the importance of the latter emphasis.

An Example -- The Medical Student

Before comparing the general characteristics of various transitional roles, it may be useful to examine one case in detail. The process of initiating medical students into the medical profession has received a great deal of attention from sociologists (see for example Parsons, 1951; Merton et.al., 1957; Becker et.al., 1961) and, as a result, is ideal for our purpose. The training of medical students is a particularly enlightening example of transitional roles because of the great technical skill and responsibility required of the medical doctor. As we will see later there are many similarities between

this system for changing behavior and other systems which we more commonly recognize as techniques for behavior change. In his book, Boys in White, Howard Becker and his associates report a carefully documented field study of the training of medical students. Their analysis of medical training at the University of Kansas Medical School will form the basis of our portrait of the medical student.

In the lay culture, the medical doctor occupies a position of tremendously high prestige (following only Supreme Court Justices and United States Senators according of a governmental survey in 1965). The profession is thought to be an extremely difficult one, requiring great skill and intelligence. The highest amount of commitment and dedication to becoming a doctor is required of the young college student who aspires to this profession. In many cases a prospective medical student must forsake a wide liberal arts background in college to prepare himself in the sciences needed to master medical school. The number of positions in medical school is far exceeded by the numbers who desire to occupy them. Thus, the student must in most cases, demonstrate his commitment to the profession by an outstanding record of performance.

As a result, the freshman medical student arrives highly committed to his occupational choice and willing to endure the trials of the next years in order to become a doctor. His view of the medical profession is, at this point, idealistic. His major goal is serving his fellow man, and he becomes quite angry and upset when others suggest that doctors are only out for the big fees that medicine offers. Surprisingly, Becker finds that most students, even those whose close relatives doctors, initially have quite a vague idea of what a doctor's actual work is like and little idea of the alternative

specialities within the medical profession. Thus the freshman medical student finds himself totally dependent on the faculty and the administration for definition of his future professional role; and what is more important, dependent for the definition of what skills are important for focussing the student's effort in the acquisition of knowledge.

This dependency is further increased in the freshman and sophomore years by the students' comparative isolation from professional role models. In these years, the student is acquiring the general knowledge on which his future practice will be based -- intensive freshman courses in gross anatomy, microanatomy, neurology, psychiatry, and in the sophomore year courses on pathology, microbiology and pharmacology. His professors are academicians and scientists, generally not practicing medical doctors. Visits to hospitals and clinics are short and infrequent.

Time for learning the short cuts of practical experience will come later in the clinical years. Now, in the freshman year, the student feels that he must attempt to learn everything, for the ideal doctor must know everything about medicine. When the work overload makes this attempt unfeasible, the student begins to "psych out" the professors -- to learn what the professors want him to learn and what he will be tested on. A few students do not accept this norm and try to master only that material which they think will be useful to them as doctors. But it soon becomes apparent that they do not know what is important because they are not yet aware of what doctors do. So these students too end up "giving the professors what they want".

But the faculty do not make this easy be responding with aid and comfort to the students depending on them for defining what is important. The faculty still acts as though everything is important and gives no clues as to what is unnecessary to the practicing doctor.

It is the student who remains responsible for choosing what of the mass of material will go unlearned. The student must make his best guess as to what is important at the expense of possibly being "caught" on the exam. To make these guesses, the students band together in a student "culture", a culture whose main function is to define what they will learn and work on in order to please the faculty. Once a successful definition is reached, student resentment of the faculty decreases and initial tensions of medical school are reduced.

The junior and senior clinical years mark a turning point in the student's training. The locus of his activities moves to the hospitals and clinics where he dons a white jacket and white pants like those worn by the staff doctors and residents. In this new setting, a man becomes less a student and more an apprentice. Students are given limited responsibility to diagnose and treat incoming patients under supervision. At last they are in the real world of real patients. Yet even here they still remain dependent on their faculty, men who are now experienced, practicing doctors. For in the clinical years there is a marked shift in the criteria of knowledge from "book-learning" to practical clinical experience. The status system of the hospital is based on experience, and responsibility is granted largely on this basis. As a result, the student has no recourse to the authority of a textbook as he did in his first two years. He must accept what his superior says because his superior "knows from experience".

The student comes to realize that to gain status he, too, must acquire experience, the experience of acting as a responsible doctor. Acquiring this experience requires an almost total commitment of time and energy. Since they are at the bottom of the hospital hierarchy, they end up working odd

hours and doing most of the dirty work. The price they pay for the experience of attending during a difficult operation is cleaning up afterwards. During the clinical years, their whole life is involved with the hospital. They are at work or on call nearly all of the time; often they sleep in the hospital overnight. There is little free time to associate with anyone but the people at the hospital; even wives get little attention.

In all of their work, the students find that the faculty's standard of evaluation is everpresent but increasingly vague. There are still formal exams but they are less frequent. They are now being judged by their performance with patients on the ward. It becomes less clear what things will "please the faculty". More and more their major concern is solving the problems they face in their work as apprentice doctors. Standards of evaluation are becoming internalized and problem-centered.

During this time, the students are acquiring a style of dealing with patients through supervised practice. The experience is difficult and often embarrassing. Patients are often nervous when they find that their young doctor is only a student. Intimate physical examinations, especially of women, are difficult for both doctor and patient. The student's response is a mixture of the feelings and attitudes of the layman, doctor and student. Yet through it all the student is developing the personal professional style which will serve him in his future practice.

At the conclusion of his senior year, the medical student has still not reached his goal. Ahead are periods of more responsible apprenticeship, an internship and perhaps a residency. There are still choices to be made -- whether to be a specialist in a hospital or a general practitioner, a researcher or a teacher. Yet be now the course is set -- the student will soon reach the long-antitipated termination of his formal training.

The Characteristics of Transitional Roles

The Transitional Culture--A Moratorium. Since we have devoted so much time to Becker's study of the medical student, it may be well to begin our analysis with his central thesis about transitional roles. Becker takes issue with scholars like Huntington (1957) and Fox (1957) who seem to imply that the process of transition from one status to another is a straight line progression -- the gradual, steady acquisition of a new status while the old status is steadily relinquished. To Becker this represents a simplification of the process which leaves out an important factor -- the culture which develops during the transition. His study documents how medical students form a culture to decide on how effort should be directed to meet the challenges and pressures of medical school work. He finds that students are not as concerned with acting like doctors as they are about finding some way of coping with the day to day demands of the student role.

The notion of a transitional culture is important because it highlights the fact that the process of change creates for the individual immediate situational demands to which he must in some way adapt. The changing person can never be left in a non-existent limbo where he no longer occupies one status and has not yet acquired another. Yet in many cases the society responds to these persons as if this were the case.

The classic example is the adolescent. "No longer a boy and not yet a man," he is placed by his society in a position of role conflict, a situation with antagonistic demands and expectations. His response, much like that of the medical student, is to withdraw into a culture of peers -- a culture which James Coleman calls "the adolescent society" (1961). Here the group creates strategies for coping with these conflicting demands and, in the pro-

cess, defines what goals are important and to what statue members of the culture will aspire. When the society at large (usually the school) fails to make identification with the adolescent culture attractive and gratifying, providing symbols which are meaningful indicators of the transition to adult status, students are led to premature seizure of these symbols or to apathetic withdrawal. For example, Stinchcombe (1964) has found that when satisfactory identification with the adolescent culture created by the school is lacking, rebellion results.

Given the necessity of the transitional culture, we must now ask what form it would take when bringing about successful transitions. To continue the adolescent example, Erikson (1958, 1962) suggests that a kind of moratorium is important in the formation od identity -- a period of relative isolation and freedom from the daily demands of life. Other transitional roles also place the individual in a situation where he is somewhat isolated and protected from the pressures of "real life". We have seen how the medical student's life is enclosed in the early years by the academic environment and later by the demands of hospital work. In addition, the student role in general provides both special privileges and special restrictions which serve the function of relieving problems of earning a living and having to bear adult responsibilities before training is complete. Students can get scholarships and special government loans to support themselves. They are not expected to fill adult roles and, in fact, restrictions like child labor laws specifically prohibit this.

Parsons (1951), in his analysis of the patient role, finds similar restrictions and privileges for the person who is sick. The patient is exempted from fulfilling his normal duties and, in many cases, receives special services

and attentions as long as he is willing to be defined as sick. As we will see in the section on responsibility, the handling of the secondary gain that the patient receives from the sick role constitutes a major issue in the process of psychotherapy.

In addition to relieving outside expectations and pressures, the moratorium has implications for the structuring of rewards and punishments within the transitional role. Anselm Strauss describes this process as it exists in coaching relationship (1964). In Strauss's terms a coaching relationship occurs in most transitional roles. He says that a coaching relationship exists whenever "someone seeks to move someone else along a series of steps, when those steps are not entirely institutionalized and invariant, and when the learner is not entirely clear about their sequences (although the coach is)". (p. 410) He describes the moratorium as follows:

> "It is as if there were a kind of moratorium, during which effort is great, but during which both sides ceremonially ignore negative performances. Of course, such a moratorium and such make-believe run all through the coaching process, perhaps particularly during new phases in cycles of learning, when the person is particularly sensitive to criticism and must be encouraged and must encourage himself to chance endeavors."(p. 415)

Omar Khayyam Moore (1959) has developed this notion further in what he calls autotelic folk models. Moore maintains that in order for socialization to take place, the culture must provide situations which teach individuals the skills required for survival in the society, while at the same time allowing exploratory trial and error performances which do not "count" either for the individual's survival or the society's. Puzzles, games and aesthetic objects are examples of these situations which occur in most societies. Moore, himself, has developed a special kind of auto-telic teaching device by which he taught "pre-school children to the point where they were reading and

writing first grade stories, and typing on an electric typewriter with correct fingering -- and all in a matter of weeks". (p. 212) The same device has since proven useful in cases of retarded and schizophrenic children. Moore's requirements for autotelic folk models, listed below, may well serve as an ideal design for transitional culture.

> 1. They must be "cut off", in some suitable sense, from the more serious aspects of the society's activity -- those aspects connected with immediate problems of survival and well-being. If a child is learning the intricacies of interaction by experience, the activity in which he is experiencing or practicing interaction must allow him to make many mistakes without endangering the lives or futures of those around him. Similarly, such rewards as he receives from the activity must not be too expensive to those around him -- or again the activity may have just those serious consequences which the teaching devices must avoid.
> 2. But in spite of the fact that the teaching device must avoid these serious consequences, some motivation must be built into the activity, else the learner may lose interest. If we rely on the distinction between activities that are intrinsically rewarding, and those that are rewarding only as a means, or extrinsically rewarding, we may say that the rewards in the learner's activities must be intrinsic, or inherent in the activity itself. Such activities we call autotelic: They contain their own goals and sources of motivation.
> 3. And finally, they must help a child to learn the relevant techniques. Indeed this whole discussion began with the assumption that people in a society do cope with interactional, noninteractional and affective problems -- all of which require study, practice and experience, if solutions are to be found . . . (1959, p. 206-207)

It should be mentioned in passing that the educational practice of using grades as a cumulative index of ability and worth, the practice of making transitional evaluations of progress "count" in the individual's later life, is a direct violation of Moore's first criterion.

In the approaches of both Strauss and Moore, the notion of play is central -- play in the sense of involved, intrinsically motivated exploration of situations which do not "count" for survival. Sarbin points out why this kind of play is so important in a child's development.

> "At least two resultants follow from the play acting of children: (a) the acquisition of roles (truncated, of course, because of maturational limitations), and (b) the acquisition of skill in shifting roles. In play, the child can shift from role to role without observing the formal logic of the adult. This movement from role to role leads to oscillatory shifting of sets, thus enabling the child to take both his own role and the role of the other. (1954, p. 226)

Thus, it is through play that a person can acquire the experience of a new role and others' response to him in it without his being committed to meet the real life expectations that the role entails. In a transitional position where this special kind of play is allowed, the individual can step into the role he is preparing for, practice it a while, step out of the role to examine his performance with the "coach", and begin again.

Goal-Setting -- Committment, Articulation and Reserved Judgement

Individuals in transition, if they are to be successful, must value highly the status to which they aspire. The chief task of transitional roles that require membership (e.g.,the parolee or to a lesser extent the student) is to "unfreeze" the person in transition and to generate committment to achieving the terminal status. The very nature of the process of change makes it important that the goal be a firmly fixed, unchangeable ideal -- a stable point of orientation to guide one through the morase of conflict and ambivalence which inevitably accompanies the process of transition. The change goal can be positive as in the case of the medical student who desires to be a doctor, or negative, as in the case of the psychotherapy patient who is trying to relieve the anxieties of his former status. In either case, one would predict that the importance of the goal to the individual would be positively related to his chances for a successful transition. Evidence for this hypothesis is found in a study by Luborsky which indicates that high

anxiety is associated with improvement in psychotherapy (1964). Similarly, Zachs (1965) found that the ability to stop smoking is positively related to the individual's committment to reach this goal. This relationship between committment and success in achieving personal change goals has been further illustrated by Kolb, Winter, and Berlew (1967) in a study which shows that committment to a personal change goal is related to achievement of that goal in a self-analytic group. In a subsequent study these researchers (Winter, Griffith and Kolb, 1967) found that degree of goal achievement was also positively related to the subjects awareness of his motivation to change.

Thus, another important aspect of the goal-setting process is the degree to which the individual in transition has an articulated awareness of his terminal role. Those who have a poor notion of the character of their goal will, undoubtedly, be less willing to endure the anxieties of change for some vaguely-defined future state. Educational research provides us with examples of this fact. Research on school drop-outs suggests that the primary reason for failure to complete school is the absence of adult role models -- role models which give an empathic notion of what adult life is like (Thomas and Pattison, 1963). Stinchcombe (1964) finds that one of the major factors leading to rebellion in high school is poor articulation of future career possibilities.

It should be noted, however, that while both high committment and high articulation of the change goal are important, the latter may be less so, and may, in some cases, actually inhibit the change process. A case in point is the medical student example discussed earlier. Here the positive, idealistic conception of the medical profession may have been a result of the student's

relatively poor idea of what a doctor actually does. Too vivid an image of the trials and tribulations of a doctor's life may frighten the student and reduce his committment. Problems appear infinitely difficult until one has acquired the tools to solve them.

For this reason, the future goal is often set aside once the individual has committed himself to the transitional role. In the early stages of transition, the future is left for private thoughts and fantasies. Before progress toward the goal can be considered. a break must be made with the old role, and the basic principles of the new role must be acquired, rudimentary tools to be polished later in supervised role play. This is the case in the first two "academic" years of medical school; so also in early sessions of psychotherapy.

The principle of suspended judgement is described most explicitly by the author of a self-improvement book.

> "Do not allow yourself to become discouraged if nothing seems to happen when you set about practicing the various techniques outlined in this book for changing your self image. Instead reserve judgement -- and go on practicing -- for a minimum period of twenty-one days....During these twenty-one days do not argue intellectually with the ideas presented, do not debate with yourself as to whether they will work or not. Perform the exercises even if they seem impractical to you." (Maltz, 1960, p. xv)

Involvement

Transitional roles require a high degree of personal involvement. They require that the individual commit a great deal of his resources -- his time, his money, his effort, his emotional and intellectual facilities -- to the process of acquiring a new status. This enforced involvement is obvious in the medical student example. In psychotherapy, investment is both emotional and financial. Here as in other transitional roles, investment is cumulative.

At the end of one session, the patient has spent twenty dollars, at the end of two sessions, forty dollars, at the end of ten sessions, two hundred dollars. This discourages turning back.

Often the transitional role requires not only a great deal of effort, but also a certain number of rather unpleasant duties. Apprentices usually use the broom as much as the tools of their trade. Haley (1963) in his analysis of psychotherapy, says, "It is possible to describe any form of therapy as a self-punishment for the patient. After all, it is difficult to go and discuss one's weaknesses and inadequacies with a therapist (who ostensibly has none). To be successful, therapy must in some sense be an ordeal." (p. 55) Making the transition require great effort and some pain and may serve to increase the individual's valuation of his goal, thus increasing the probability of a successful transition. The individual will reduce cognitive dissonance by saying, "If I'm suffering through all this, the goal must be really worth it." In an experimental initiation rite situation, Festinger and Aronson, (Festinger, 1964) found just this result.

Serbin (1954) expands this notion:

> "In rites de passage, the role of the celebrant is characterized by high organismic involvement. The manifest purpose of the intense role behaviors of the ritual is to signify the change from one position to another in the society: the effect of the intensity of role enactment is to modify the participant's self concept so that the new role, e.g. adult, may not be incongruent with the self. If, for example, strength is an expected property of the adult person, and the rites of passage from adolescent to adult includes passing a test of strength, then the successful completion of the test allows the person to add the adjective "strong" to his self description. Thus he is better equipped to occupy the position of adult, not only because others know he has strength, but because he conceptualizes the self as strong." (p. 235)

Acquisition of the Terminal Status -- Personal Responsibility

As was pointed out earlier, a successful transition involves not only the acquisition of the basic skills required in the terminal status, but also the organization of these skills into an independent self-concept which can successfully interpret and organize experiences in the new status. The individual must adopt a proactive, as opposed to reactive, orientation to his experience; i.e. he must originate actions and create situations rather than respond to the actions of others and react to situations created for him. The student situation is for the most part reactive. The student responds to questions asked by the teacher. He reads and writes what he is assigned. From this role, he will grow into adulthood where he must choose an occupation important to him. He must decide what interests him and what doesn't and how he will spend his time.

Hos is this change accomplished? Haley (1963) states the problem and its solution thusly:

> "If one defines the behavioral goal of psychotherapy, it would seem to be this: the therapist must induce a patient to voluntarily behave differently than he has in the past. It is unsatisfactory if a patient behaves differently because he is told to do so: he must initiate the new behavior. Yet an essential paradox lies in this goal of therapy: one cannot induce someone to voluntarily behave differently. Such a paradox can only be resolved if it is seen that in non-directive therapy the patient is directed in such a way that the direction is denied and therefore his changed behavior is defined as spontaneous." (p. 82)

Haley's solution is that the change agent must use "double bind" communications to control the patient's behavior; i.e. he must tell the person what to do while at the same time creating a situation which makes it appear as though the patient is voluntarily doing what he, the patient, wants.

This rather complicated process is well illustrated in the case of the medical student. As we have seen, students first tried to learn everything, or material selected on the basis of their notion of what doctors need to know. When these ill-informed, operant strategies failed, they reverted to a respondent approach -- learning what the professors wanted them to know. But the professors never acknowledged this dependency by defining a few masterable areas as important. Thus the students remained responsible for their choice, while the professors kept control of what was learned. In effect, a pseudo-choice situation is created by the work-overload, since in the best of all worlds, all of the material should be mastered.

The development of a sense of personal responsibility is brought about in yet another way. The individual in transition often earns symbols of his progress toward the terminal status. The student earns a diploma, the prospective doctor earns his white coat and stethoscope, etc. All of these symbols serve the function of announcing to the society that this particular individual is qualified to fill this position. In response to these symbols, people will treat the individual as though he is a legitimate and responsible occupant of the role -- on effect demanding that he be responsible.

Stinchcombe, (1964) illustrates this process by comparing a case where these symbols are abundant, an apprentice, with a case where they are lacking, the non-college-bound high school student.

> "1. Perhaps the most striking difference between the ritual situations of the apprentice and the future worker in high school is that the apprentice is supposed to be working for a status that not everybody can achieve. Rather than being negatively defined as "leftovers", apprentices are positively identified as future journeymen.
> 2. Among the mechanisms of this positive identification are the progressive allocation to the apprentice of work defined (in trade union jurisdictional provisions) as too skilled for unskilled workers. The greater command over the skills of the trade is made meaningful

by a progressive approach to the wages of skilled craftsmen, relatively soom exceeding the wages of unskilled labor.
3. A second mechanism of positive identification of the apprentice is the progressive accumulation of personal capital equipment. The carpenter's apprentice builds a tool kit, buys a set of carpenters overalls, and so on...The high school student graduates with a diploma rather than with a kit of tools.
4. The culminating ritual of apprenticeship is an examination or other test of competence, and the award of a journeymen's card. This is a certificate to future employers of the skill of the workman, and a symbol to the journeyman of the labor market rights he has gained by apprenticeship." (p. 108)

Interpersonal Relationships -- Status and Solidarity

It is through interpersonal relationships that the person in transition acquires the knowledge, skills, and values necessary for him to be successful in his terminal status. Although education has its books, exercises, and demonstrations; the apprenticeship, its tools and machines; the behavior therapist, his exercises and techniques for reinforcement; nonetheless, the teaching and learning essential to the transitional process, in the main, occurs through human interactions.

Our aim in this last section is to understand the complex dynamics of human interactions in transitional roles. We seek, further, to determine how these interactions facilitate or hinder transition to the terminal status as measured by two criteria for successful transition: 1) acquisition of the knowledge, skills, and values necessary for legitimate occupation of the terminal status, and 2) the integration of these into a meaningful self-directing sense of identity.

To accomplish these tasks we first need a conceptual framework for the analysis of interpersonal dynamics. Roger Brown (1965) offers such a framework in his suggestion that interpersonal relationships can be described in terms of two dimensions -- status and solidarity. The status dimension refers

TABLE I: ASPECTS OF SOLIDARITY AND STATUS*

	Personal characteristics	Spatial relations	Sentiments	Behavior	Symbols
Symmetrical relations	Solidarity marked by similarities of taste, attitude, fate, age, sex, occupation income, etc.	Solidarity marked by proximity (being near).	Solidarity marked by likeing, sympathy trust, and other pleasant sentiments.	Solidarity marked by frequent interaction, confiding in one another, beneficent actions, self-disclosure, etc.	Solidarity marked by any perceptible similarity, proximity, or intimacy.
	Nonsolidarity marked by differences.	Nonsolidarity marked by remoteness (being far).	Nonsolidarity marked by indifference or dislike which are not pleasant sentiments.	Nonsolidarity marked by infrequent interaction and little intimacy.	Nonsolidarity marked by any perceptible difference, distance, or formality.
Asymmetrical relations	Status differences marked by differences in valued characteristics such as age, sex, occupation, income, etc.	Status differences marked by being above or below, in front or behind.	Status differences marked by agreeable sentiments of superiority and by disagreeable sentiments of inferiority.	Status differences marked by influence, control, power, etc.	Status differences marked by any perceptible differences in valued characteristics, by "superior" and "inferior" spatial positions, or by influence and control.

*From Brown, 1965, p. 72.

to the tendency for interpersonal relationships to be arranged in a superior-subordinate hierarchy. Behavior on this dimension arouses the need for power and is related to influencing and controlling others and being influenced and controlled. The solidarity dimension refers to the tendency for interpersonal relationships to be arranged on a dimension of proximity and remoteness. Behavior on this dimension arouses the need for affiliation and is related to intimacy, similarity of views, and frequent interaction or the lack of these. More detailed descriptions of the characteristics of solidarity and status are given in Table I.

Given these two dimensions, it is possible in a given social environment to draw a psychological "map" of a person's interpersonal relationships. By this method every individual in the focal person's environment is placed on the map according to two coordinates -- the extent to which the focal person perceives the individual to have influence and control over him and the amount of affection and intimacy the focal person shares with the individual. The result of this mapping is the distribution of the people with whom the focal person interacts into four quadrants -- thos people seen as highly influential and highly intimate, those highly intimate but with low influence, those with high influence and low intimacy, and those who are seen as neither influential or intimate.

If we draw a map like this for the occupant of a transitional role we can begin to conceptualize the effect of his relationships on his movement through the system. To illustrate this analysis and to provide a specific case for discussion we have drawn such a map for one rather special transitional role situation -- a wilderness survival camp whose aim is to foster the character development of high school and college boys. This program,

known as Outward Bound, (Katz and Kolb, 1967) is a 26 day camping experience that provides instruction in sailing, mountain-climbing, survival techniques and other experiences designed to stretch a boy's conception of his abilities. The program is rugged and intensive and many boys report dramatic personal changes as a result of the experience.

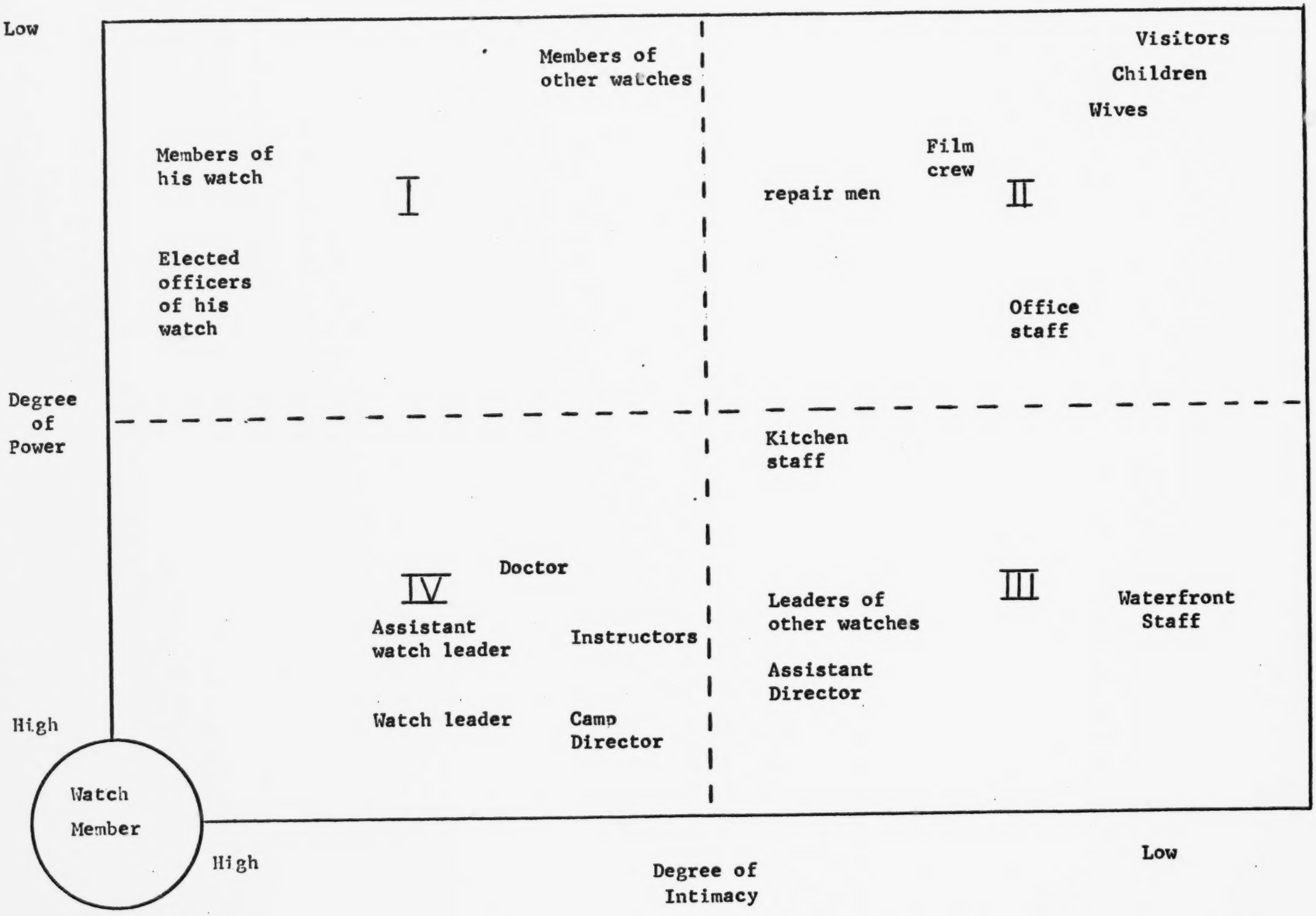
The map shown in Figure 1 is drawn for an Outward Bound boy in one student group (known as a Watch at this particular ocean sailing school). It shows the relationships between this boy and all other people at the camp in terms of how much power he thinks these people have over him and how intimate he is with them. Note that the boy's fellow students fall in quadrant I while most of the teachers and staff of the camp are scattered through quadrants III and IV.

What effects do the individuals in each ot these different quadrants have on the boy's process of transition? Are authorities more effective when they occupy quadrants III or when they occupy quadrant IV? For answers to these questions we must look to theories which seek to explain the effect of interpersonal relationships on behavior change. The most comprehensive theory in this area is Edgar Schein's elaboration of Lewin's classic unfreezing-moving-refreezing model of the change process (Bennis, Schein, Berlew Steele, 1964).

In Schein's model, change occurs through the assimilation of new information. This new information results in the cognitive redefinition of situations and new ways of perceiving the world. These new personal constructs then lead to changes in attitudes and behavior. The primary sources of information for changes in attitudes and behavior are other people. The individual in transition can either receive information from a single person

Figure 1

A TYPICAL WATCH MEMBER'S INTERPERSONAL RELATIONSHIPS AT OUTWARD BOUND



through some process of identification or he can acquire information from a wide array of other sources via a process which Schein calls scanning. These two processes mark the ends of a continuum where the scanning end implies attention to the content of the message regardless of the person and the identification end implies attention and emotional reaction to the person at the expense of the content.

When an individual is scanning, his primary concern is about the usefulness of available information for solving his particular problem and about the expertness of the people who are the sources of information. He is not influenced by others about what is useful and who is expert and therefore the information that he voluntarily accepts or rejects is more likely to become integrated into his personality.

When the individual in transition acquires information through identification it is the object of identification who determines what information is relevant and useful. There are two ways of identifying with others, defensive identification and positive identification. "Defensive" identification generally implies a relationship in which the change agent operates as the primary source of unfreezing (i.e. he provides the bulk of the disconfirming cues). The target responds to this situation by becoming preoccupied with the change agent's position or status which is perceived to be the primary source of the change agent's power. This preoccupation with the position, in turn, implies a limited and often distorted view of the identification model. The change target tends to pay attention only to the power relevant cues, tends to have little or no empathy for the person actually occupying the position, and tends to imitate blindly and often unconsciouly only certain limited portions of the model's behavior.

"Positive" identification, by contrast, tends to be person rather than position oriented ... The model's power or salience is perceived to lie in some personal attributes rather than in some formal position ... He (the change target) will tend to have empathy for the model and genuinely assimilate the new information obtained from seeing the world through the model's eyes rather than directly imitating his behavior. Thus the target's new behavior and attitudes may not actually resemble the model's too closely. The whole process of identification will be more spontaneous, differentiated, and will enable further growth, rather than be compulsive and limiting", (Bennis, et.al., pp. 376-377).

Returning now to our map of the Outward Bound boy's interpersonal relationships, (Figure I), we can see that the boy will tend to use these three processes of acquiring information for behavior change differentially, depending on how much influence and intimacy he perceives others to have. Individuals who are low on intimacy and high on influence (Quadrant III) will tend to elicit defensive identification. These are the formal authorities who have the power to make the boy obey, but their lack of intimacy with the boy precludes any empathic relationship. As a result, behavior changes coming from this relationship tend to be superficial imitations or mere compliance. The boy obeys because "it's the rules and if I don't, I'll be punished". In the classroom this type of formal authority teacher tends to produce students who work for grades at the expense of learning.

The high influence, high intimacy individuals in quadrant IV will tend to elicit primarily positive identification. The boy will tend to know these people very well and trust them. This relationship provides a situation where the boy can explore the implications of new information for his own personal-

ity by exploring the implications it has for the influencer. Mutual trust and understanding provide a mechanism for the modification of general principles and rules to fit the individual case. As can be seen in Figure 1 many of the Outward Bound watch leaders elicited positive identification from their boys. Many changes in boys' self confidence came from sharing vicariously the confidence of their leader on a particularly difficult climb or rappel. Many private fears were alieviated by the leader's admission that he too felt fear and had to master it. The leader and boys knew one another well enough to be mutually aware of times when the boy was really challenging himself and when he was "slacking off". General requirements for completing the course existed but the intimacy between instructor and boy allowed for individualized evaluation.

Changes in behavior through positive identification are often directed to becoming similar to and liked by the influence. Changes that do occur are more likely to become integrated into the boy's personality and maintained than are behavior changes in the defensive identification/formal authority situation. Nonetheless, it is possible that the boy may change his behavior just to please the admired authority and will revert to old behavior patterns when he thinks that the authority no longer cares about him or will not know what he is doing (Kelman, 1961).

As the perceived influence of individuals in the boy's interpersonal relations decreases, information is increasingly gathered through the process of scanning. Thus those individuals in quadrants I and II who have little generalized influence become sources of information only when the boy, on the basis of his current attitudes and values, decides that they are "experts" on the particular information he needs. However, because he spends

more time with and is more similar to (see Table I) those with whom he shares a high degree of intimacy, in this case his peers, most of his scanning targets will lie in Quadrant I. Behavior changes resulting from the scanning process are very likely to be maintained by the individual and integrated into his personality since they are based on information chosen to coincide with his own knowledge and values, i.e. the process of behavior change is self-directed. However, since the peer group requires similar attitudes, and behavior to maintain solidarity the range of information available to the individual will be limited.

Kenneth Boulding (1961) describes the role of the peer group scanning process in changing attitudes and behavior in this way:

> "It is not by ceremonial and formal instructions alone, however, that value images are created. In our consideration of the dynamics of the value image we must not forget the extreme importance of the small face-to-face group, especially the group of the individual's peers. In every society there seems to be a ceremonial value image which is transmitted by the official and formal institutions of the society; there seems to be however, an informal value image which is often much more important in governing the actual behavior of an individual. It is this informal image which is transmitted by the peer group and also very often by the family. The value system of the schoolboy, of the street-corner society, of the soldier, or the executive is often markedly different from that which is involved from the rostrum or sounded from the pulpit. The sanctions of the peer group, however, are usually much more effective on the individual than the sanctions of superiors. This is the basic explanation of the persistence of crime in the face of preaching. We rapidly learn to order our images in the way that the gang orders them because of the extremely low value we place on exclusion and loneliness. We can bear everything except not to be borne by others." (pp. 73-74, Emphasis added.)

Thus we see that the process of scanning among peers is limited not by power but by the tendency to maintain similarity among intimates. The peer group tends to reinforce a common set of attitudes and behaviors which often run counter to those sanctioned by authorities.

This raises a problem for those formalized transitional institutions like education whose task it is to socialize the young. In Schein's words, "The dilemma of socialization ... is how to balance the greater power of potentially countercultural change agents (the peer group) against the more functional learning to be obtained from change agents who have less chance of becoming influential", (Bennis et.al., pp. 380).

We have already discussed one typical solution to this dilemma in our example of the training of medical students. Faculty members occupy the high power-low intimacy quadrant in students' eyes and elicit from students the kind of compliant defensive identification that we have described. But by creating a work overload problem and making impossible demands the faculty creates a double-bind situation which forces the peer culture to develop its own norms about what is important and to be personally responsible for behavior resulting from these norms. This strategy forces a student to scan among his peers for experts on "how to beat the system" and to choose for himself a strategy for learning, thus increasing the probability that changes in behavior and attitudes will be congruent with his personality.

A critical problem with this solution is that it requires a highly integrated and intimate peer group to be successful. In fact in Becker's analysis of medical students it was shown that academic success seemed to be related to the amount of peer group organization, i.e. fraternity students did better than independents.

Douglas Hall (1966) in a more experimental examination of the role of authorities and peers in academic role transition has further documented this finding. Hall studied science and engineering Ph.D. candidates at M.I.T. and measured their degree of successful role transition in two ways, by their

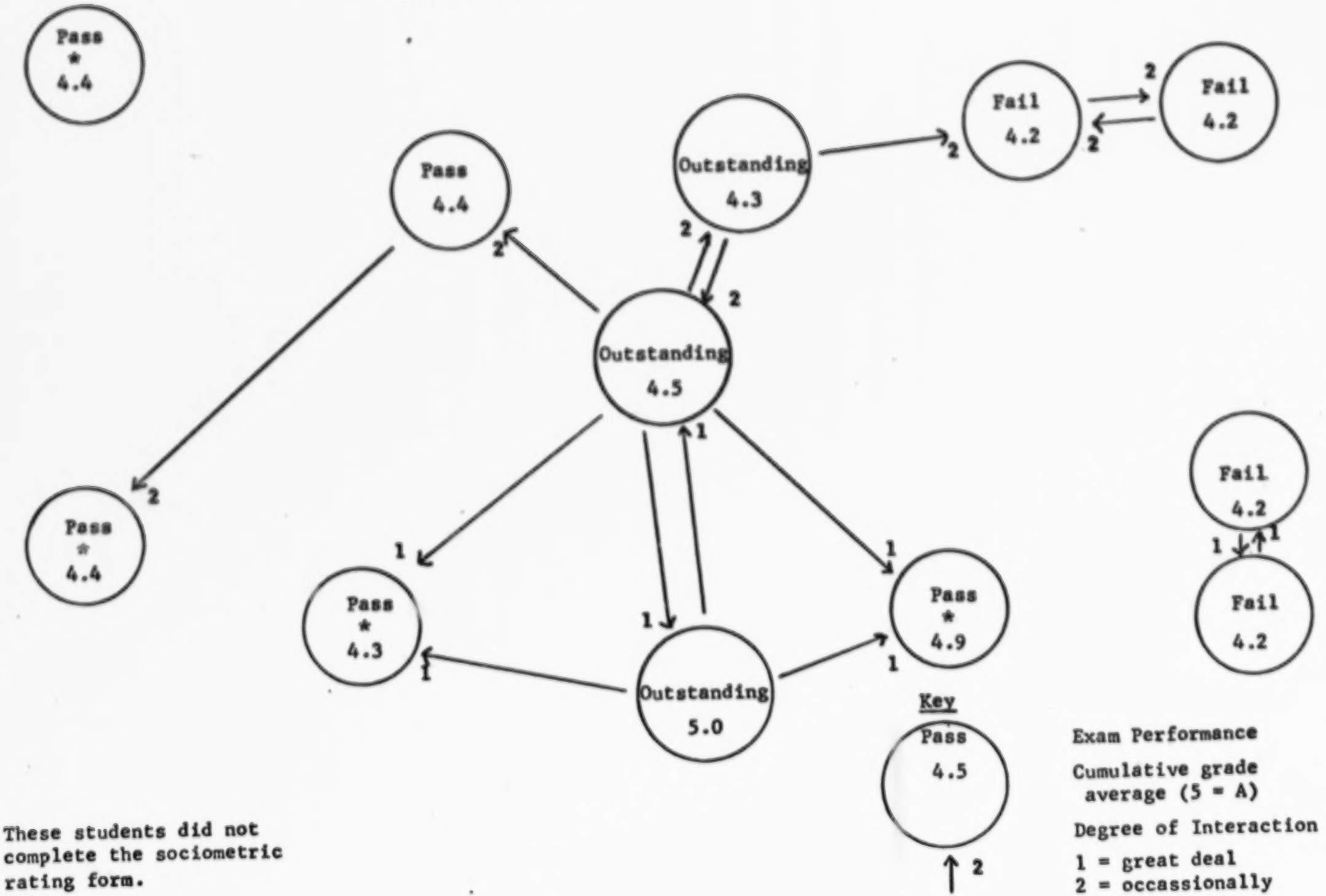
performance on general exams and by the degree to which their self-image increased in similarity to their perception of an admired professorial role model. Quite surprizingly he found that amount of faculty contact was unrelated to either of these measures of success. Peer interaction as measured by the number of sociometric links, however, was strongly related to both of these measures of successful role transition. In addition, the correlation between exam performance and peer interaction was shown to be independent of cumulative grade average. An illustration of the relationship between peer interaction and exam performance is shown for the nuclear engineering department in Figure 2. Note that all of the outstanding scores occur in the center group of high interconnecting and interacting students, while the failing students appear to be isolated in closed dyadic interactions.

This research on the importance of the peer group in bringing about change has great implications for the design of behavior change programs. The growing concern in university administrations about the social "climate" of student living, and the emergence of student-controlled experimental universities both point to a greater role for the student culture in the educative process. A similar trend is occuring in the field of psychotherapy where more and more emphasis is being placed on group psychotherapy which emphasizes the importance of helping relationships among peers. We have seen from Berzon's (1966) work with self-directed groups that peers can effectively help one another even when there is no formal leader.

We have attempted in this section to conceptualize those interpersonal factors which influence role transition. From this analysis it seems reasonable to conclude that status and solidarity are both important concepts for our understanding of the social environment of the person in transition.

Figure 2

Performance on Ph.D. General Examinations as a Function of Peer Group Interaction in a Nuclear Engineering Department (After Hall, 1966).



* These students did not complete the sociometric rating form.

The status of the change agent serves to reduce scanning and to promote identification with the change agent and the attitudes and behaviors that he wishes to communicate. The degree of intimacy, being correlated with the amount of empathy and communication, serves to regulate the amount of information available to the person in transition. This tends to influence how much the person can use this information to choose modification of behavior which are congruent with his own personality.

Summary and Implications for Behavior Change Problems

Our analysis of transitional roles has suggested a number of factors, both social and psychological, which seem to facilitate the process of successful behavior change. When we speak of success here we refer to changes in behavior which lead to the successful occupation of the terminal status. The most important aspect of this definition is that it requires that the newly acquired behaviors be self-sustaining in the person's everyday environment. To show changes in behavior immediately after a program is not enough. To be effective the behavior change program must teach the person something that will be useful to him in his natural social environment -- an obvious point, but one that is often overlooked in research which attempts to evaluate programs of behavior change.

To conclude it may be useful to summarize these factors which facilitate behavior change. Since our analysis has in most cases been theoretical these factors should be taken as hypotheses for research rather than proven facts. They represent our current "best guess" about the components of a successful transitional role. Hopefully, these components apply in varying degrees to all programs of behavior change from the education of college students to the treatment of neurotics.

1. The importance of a transitional culture which is in some sense "cut off" from the cares of the old role or the responsibilities of the new status, allowing for "play" and experimentation with new behavior.

2. Commitment on the part of individuals in transition to the achievement of the terminal status.

3. Articulation by these individuals of what life will be like in the terminal status.

4. Reserved judgement about one's ability to achieve the terminal status and perform its requirements adequately.

5. Total involvement in the process of transition.

6. Acquisition of an inner sense of personal responsibility and self-direction.

7. The alteration of other's expectations so that the individual will be perceived as a legitimate occupant of the terminal status.

8. Interpersonal relationships in the transitional role which provide the intimacy necessary for scaning and integration of changes into the personality and the influence necessary for the transmission of the influencing institution's change goals.

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